

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Thomas E. Broome et al.

Serial No.: Unknown

Examiner: Unknown

Filing Date: January 20, 2004

Group Art Unit: Unknown

For: EXPANDABLE RETRIEVAL DEVICE WITH DILATOR TIP

Docket No.: 1001.1720101

TRANSMITTAL SHEET

Mail Stop PATENT APPLICATION

Commissioner for Patents

PO Box 1450

Alexandria, VA 22313-1450

Sir:

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certifies that this paper or papers, as described herein, are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of :EV315608039US, in an envelope addressed to: Mail Stop PATENT APPLICATION, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450., 20231 on this 20th day of January, 2004.

By JoAnn Lindman
JoAnn Lindman

We are transmitting herewith the attached Patent Application including the following:

- 12 sheet(s) of specification.
- 32 claim(s).
- 1 sheet(s) of Abstract.
- 3 sheet(s) of formal drawings.
- Executed Declaration and Power of Attorney.
- A verified statement(s) to establish small entity status under 37 C.F.R. 1.9 and/or 1.27 is enclosed.
- An Assignment of the invention to SCIMED LIFE SYSTEMS, INC. is being filed contemporaneous with this patent application.
- A certified copy of a _____ application, serial no. _____, filed _____, 19____, the right of priority of which is claimed under 35 U.S.C. 119.

13146 U.S. PTO
012004

22141 U.S. PTO
10/762683
012004

CLAIMS AS FILED						
	(1)	(2)	SMALL ENTITY		OTHER	
FOR:	# FILED	# EXTRA	Rate	Fee	Rate	Fee
BASIC FEE				\$385		\$770
TOTAL CLAIMS	32 -20 =	12	x9=	\$	x18=	\$216
INDEPENDENT CLAIMS	5 -3 =	2	x43=	\$	x86=	\$172
() MULTIPLE DEPENDENT CLAIM PRESENTED			+145=	\$	+290=	\$
TOTAL			\$		\$1,158	

*If the difference in Column (1) is less than zero, enter "0" in Column 2.

[] Other _____.

[X] A check in the amount of \$ 1,158.00 is enclosed.

[X] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

By: _____

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